

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076533 (5)

1. Corporation Name

CHERISHED MOMENTS, INC.

Principal Place of Business

14045 WEST COLONIAL DRIVE
WINTER GARDEN FL 34787

Mailing Address

14045 WEST COLONIAL DRIVE
WINTER GARDEN FL 34787

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent

JONES, THERESA
17721 DEER ISLE CIR.
WINTER GARDEN FL 34787

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(2), Florida Statutes.

SIGNATURE

Theresa Jones

Not to be signed by a corporation or its officer or director.

CA:

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	JONES, G. THERESA	
STREET ADDRESS	17721 DEER ISLE CIR.	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE	D	[] DELETE
NAME	JONES, GARY L	
STREET ADDRESS	17721 DEER ISLE CIR.	
CITY-STATE-ZIP	WINTER GARDEN FL 34787	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	[] Change [x] Addition
2. NAME	TRICIA JONES	
3. STREET ADDRESS	17721 DEER ISLE CR.	
4. CITY-STATE-ZIP	WINTER GARDEN, FL. 34787	
5. TITLE	V	[] Change [x] Addition
6. NAME	REGINA JONES	
7. STREET ADDRESS	17721 DEER ISLE CR.	
8. CITY-STATE-ZIP	WINTER GARDEN, FL. 34787	
9. TITLE		[] Change [] Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[] Change [] Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		[] Change [] Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied by this filing is a true and correct statement of the facts and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or both, as required by an address.

SIGNATURE:

Theresa Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-656-3552

CR2E034 (12/95)